

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 69/653 174		FILING DATE 89-08-05		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3		1					53				
4		1					54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
11		2					61				
12		2					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18	1						68				
19		2					69				
20		2					70				
21		2					71				
22		2					72				
23		2					73				
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30		2					80				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	49						TOTAL DEP.				
TOTAL CLAIMS	52						TOTAL CLAIMS				